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RECOMMENDATION FOR FUNDING FROM GENERAL RESOURCES AND SUPPLEMENTARY FUNDS FOR A SHORT-DURATION COUNTRY PROGRAMME IN AZERBAIJAN*

SUMMARY

The present document contains a recommendation for funding from general resources and supplementary funds for a country programme with a duration of two years or less that supports activities in a country where a full-length country programme recommendation is under preparation. The Executive Director recommends that the Executive Board approve the following amount from general resources, subject to the availability of funds, and the following amount in supplementary funds, subject to the availability of specific-purpose contributions, for the country programme listed below.

Country/programme	Amount (United States dollars)		Duration
	General resources	Supplementary funds	
Azerbaijan	2 000 000	2 000 000	1993-1994

A summary of the recommendation follows.

* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1992, will be contained in the "Summary of 1993 recommendations for general resources and supplementary funding programmes" (E/ICEF/1993/P/L.2 and Add.1).

AZERBAIJAN

Basic data (1991 unless otherwise stated)

Child population (millions, 0-15 years) (1989-1990)	2.4 a/
U5MR (per 1,000 live births)	..
IMR (per 1,000 live births) (1990)	44 a/
Underweight (%, moderate and severe)	..
Maternal mortality rate (per 100,000 live births) (1989)	29 a/
Literacy (%, male/female)	..
Primary school enrolment (%, net, male/female)	..
Percentage of grade 1 reaching grade 4	..
Access to safe water (%)	..
Access to health services (%)	..
GNP per capita	$1,670 b/

One-year-olds fully immunized against:

tuberculosis:	.. per cent
diphtheria/pertussis/tetanus:	.. per cent
measles:	91 per cent a/
poliomyelitis:	93 per cent a/

Pregnant women immunized against:

tetanus:	.. per cent

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a/ Data from The State of the World's Children 1993.

b/ World Bank data.

The situation of children and women

1. Azerbaijan is the southern most of the Caucasus republics, an Islamic country of 7.2 million people sparsely settled in the valleys and plains between mountains and the Caspian Sea, north of the Islamic Republic of Iran. More than 2 million people cluster in the sprawling seaside capital, Baku, an oil-producing centre since the 1870s and still the source of some 2 per cent of the petroleum pumped in the former Soviet Union. Azerbaijan's hopes for the future depend on oil, but today it suffers not only from the economic disruption and rampant inflation that besets other parts of the collapsed Soviet system, but also from a war with Armenia over Nagorno-Karabakh that has made 416,000 Azeri refugees and displaced persons dependent on government aid.

2. Azeris are an ancient Caucasian people who adopted the Turkish language when conquered by Seljuk Turks in the eleventh century. Language remains a strong tie between Azerbaijan and Turkey. Azeris have been ruled in relatively modern times by the Ottoman Empire, Russia and Persia; the present-day Islamic

Republic of Iran retains a sizeable Azeri population. A briefly independent Azerbaijan State formed in the chaos that followed the First World War joined Russia in 1920 and became a republic of the former Soviet Union in 1936. Nagorno-Karabakh was an autonomous mountainous region within Azerbaijan, but largely populated by Armenians, whose declaration of independence from Azerbaijan has set off the current conflict. Another ethnic and geographical anomaly is Nakhichewan, a part of Azerbaijan cut off by Armenia. Azerbaijan again declared its independence on 30 August 1991 after the breakup of the Union of Soviet Socialist Republics.

Potential wealth - present need

3. Although Azerbaijan possesses valuable oil, cotton and minerals, terms of trade within the Soviet system were far below world levels, and the living standard of Azeris ranked 14th among the 15 republics. More than a century of ill-controlled drilling for oil on land and offshore has ravaged the Baku environment. The republic has the worst air pollution of the former Soviet Union, more than three times higher than the national average. Predictably, it also has a high incidence of respiratory ailments.

4. Petroleum production by antiquated equipment has fallen by one half since the 1940s to between 11 million to 12 million metric tons per year, almost two thirds of which is said to be for national consumption, while a sizeable share continues to fulfil contracts with Russia at concessional prices. A huge investment will be required to bring the industry up to modern standards and realize its potential benefits for the well-being of Azeris. Western oil companies currently are negotiating concessions. Oil and the products of Baku's large refining capacity are now earning some hard currency and are used in barter deals for food and consumer goods, but details are difficult to obtain.

5. The present Government of the National Popular Front Party came to power in May 1992 after deposing the President. In elections the following month, it won a clear majority of the votes. It is a nationalist movement committed to political reforms, but Azerbaijan is the slowest of the former Soviet republics in the process of privatizing industry and farmland. In common with many other republics of the former Soviet Union, which for 70 years looked to Moscow for direction, Azerbaijan's leadership and middle-level management have to create new decision-making processes and attitudes. Old ways are slow to change.

6. The conclusion of earlier UNICEF survey missions and of other United Nations and non-governmental organizations (NGOs) that Azerbaijan needs urgent relief for vulnerable groups this winter has been confirmed, as has the need for medium-term support for the provision of basic medical supplies and infant food, which are in serious deficit. The country has so far received a relatively modest amount of external aid, which UNICEF assistance would complement.

7. Azerbaijan's role in the former Soviet economy was to produce oil and refined petroleum products, oil drilling equipment and cash crops, such as cotton and tobacco, which reduced the amount of land available for food. In turn, the country always relied on imports from the other republics of the former Soviet Union to meet requirements for grain, milk, meat and pharmaceutical products of all kinds. Today, the lack of foreign exchange, disrupted trade and transport arrangements, decreased industrial production and

rising unemployment and a massive influx of rural refugees that further reduces farm outputs combine to increase reliance on imports. Scarcities of commodities and cash, as well as the demands of the war, drive inflation and erode the few safety nets protecting the vulnerable.

Vulnerable groups, refugees and displaced persons

8. The most vulnerable, according to the State Refugee Commission, are some 216,000 displaced persons from the war zones within Azerbaijan, including the Nagorno-Karabakh enclave and its border areas. The displaced persons are not refugees, since they have never left their own country. Officials often refer to all uprooted families as "refugees". The distinction is nevertheless important in terms of government benefits and the history of their flight. The Office of the United Nations High Commissioner for Refugees (UNHCR) will assist both refugees and displaced persons. Some 250,000 Azeris who fled Armenia between 1988 and 1990 are refugees, and thus qualify for special assistance. Over 200,000 refugees have been resettled, many into the abandoned homes of a similar number of Armenian residents of cities and towns in Azerbaijan who took refuge in Armenia in those years.

9. Most of the displaced persons fled their homes, taking nothing with them, in mid-1992, during intensified fighting in Nagorno-Karabakh and around Susha and the Lechin Corridor, a four-kilometre-long strip secured by Armenian fighters to link the enclave to Armenia. More arrive each month as the battlefields shift. Many thousands of these Azeris live in deplorably crowded conditions in assorted community buildings. In Agjabadi, not far from Nagorno-Karabakh, for example, an estimated 18,000 displaced persons have converted a muddy field into a settlement of one-room shelters dug underground, roofed with branches and sod. The children of these families are poorly dressed and ill protected against the cold.

10. Some 42,000 Azeri displaced persons are children aged 0 to 5 years, 57,000 are 6 to 15 years of age and some 100,000 are women. Elderly men and women are in evidence, but in many instances, there is no father with these families, able-bodied adult males having joined the Azeri irregular forces or having been killed in the fighting. The State Refugee Commission reports that some 32,000 refugees who have not been placed in homes live in community facilities such as kindergartens and unheated summer youth camps.

11. While the State Refugee Commission registers refugees and displaced persons and helps to find them shelter, the State Humanitarian Aid Commission, composed of representatives of relevant ministries and chaired by a Deputy Prime Minister, is responsible for receiving and arranging for the distribution of all external assistance. In practice, some external aid groups have organized their own distribution. The main donors in 1992 were the European Community, the Islamic Republic of Iran, Turkey, the International Committee of the Red Cross (ICRC), Médecins sans frontières (Doctors Without Borders) (Belgium and France) and Project Provide Hope (a United States of America programme administered by the Cooperative for American Relief Everywhere, Inc. (CARE) that has distributed surplus medical supplies and rations from the situation between Iraq and Kuwait). The United States Congress has barred Azerbaijan, as a belligerent, from receiving aid from the American programme for the new independent States.

12. Foreign aid workers have reported some logistical problems in distribution, but the consensus is that aid is genuinely needed, that it does get to the intended beneficiaries (sometimes late) and that misuse is minimal.

The health sector

13. Azerbaijan's government per capita expenditure on health was for some years the lowest in the former Soviet Union. The infant mortality rate had been declining, but in all likelihood, the figure is higher today as a result of the precarious conditions faced by the 1992 influx of displaced persons and refugees from the Nagorno-Karabakh conflict. High rates of immunization of infants and young children, on a par with the record of the former Soviet Union, are reported by the Azerbaijan Ministry of Health.

14. Recent increases in the incidence of measles and diphtheria are attributed to interruptions in the vaccine supply. A serious outbreak of polio (182 cases confirmed in 1990) is disturbing and warrants further investigation and strengthening of the surveillance system. The country does not manufacture vaccines, all of which have to be imported. This has been greatly hindered by the disintegration of trade among the former Soviet republics and by the shortage of foreign exchange for imports.

15. Acute respiratory infections (ARI) led the list of diseases in children treated in Azerbaijan health institutions, accounting for 55 per cent of all infant deaths. In this connection, it must be noted that urban Azerbaijan, with its concentrations of petroleum and chemical industries, has by far the highest levels of air and water pollution of all the former Soviet republics, with levels in Baku, the capital, 40 per cent higher than in Moscow. These conditions promote allergies, asthma and other pollution-related problems.

16. Surprisingly, the levels of diarrhoeal diseases are below the average of the former Soviet Union. The country has had a good tradition of breast-feeding, which is now threatened by the conditions under which thousands of newly displaced persons and refugees are forced to live. Reasons for the common incidence of salmonella and shigella dysentery cases require careful study to indicate the appropriate corrective measures. Iodine deficiency disorders (IDD) have not been completely eradicated, despite addition of iodine to salt. The reasons why IDD remains endemic in certain mountainous districts also require investigation.

17. As yet, no cases of acquired immune deficiency syndrome (AIDS) have been reported, but 19 sero-positive cases of human immunodeficiency virus (HIV) were reported in 1992, 16 of which were in foreign students. The incidence of tuberculosis is declining, but remains high at 17 per 100,000 for pulmonary tuberculosis in 1991.

18. The rampant inflation in food prices on the free market, where many people must turn to find infant food and to supplement the meagre supplies in fixed-price shops, hits the nutritional status of the most vulnerable families hardest. Wages and State family benefits and pensions are below the poverty line for a high percentage of the population, which translates into a lower level of nutrition for children and reduced resistance to infections. These

factors are calamitous for destitute displaced persons from the combat zones who are often unable to collect safety net benefits or to find proper housing.

19. Health problems are not only technical, in the sense of shortages of drugs, vaccines and medical equipment and of knowledge of the latest medical processes; they are also managerial in that the system and leadership have long depended on Moscow for direction. With independence, new structures are being designed in all aspects of national life. The health sector, too, will be open to reform, to new surveys to investigate the validity of health and social statistics and to the development of new policies and strategies through a range of activities in which UNICEF can be of assistance.

Safety nets

20. Displaced families get a one-time payment of 500 roubles when they register for assistance. Because they have moved, displaced persons have difficulties collecting government family benefits and pensions. These include a minimum salary, which is also the basic pension, of 1,500 roubles per month. There are 1.2 million beneficiaries. Monthly child payments are 450 roubles per child (equivalent to about $1 in December 1992). If one parent dies, families with children continue to receive 80 per cent of the deceased's salary. Mothers with more than three children who have worked at least 10 years or are 45 years old can retire on full salary.

21. Mothers with 10 or more children are still honoured as "heroines" and get 150 per cent of their salary. There are more than 23,000 of these mothers in Azerbaijan. Azeri women have very limited access to counselling on child spacing and to contraceptives. Abortions are legal, but the country had the lowest rates of abortion and maternal mortality in the former Soviet Union.

22. These safety net measures are recognized as inadequate by the Ministry of Social Affairs, where officials compared the child benefit payments of 450 roubles per month with the cost of a child's winter coat, around 7,000 roubles, and shoes, close to 2,000 roubles. Refugees placed in shelters, boarding houses and summer camps live rent free. Some receive 40 roubles per person per month for food. A number of kitchens have been set up in Baku and other cities, where the neediest can get a free daily meal. These benefits are far from reaching most of the new displaced persons, however, who are mostly still in rural areas and towns, where they depend on the organized charity of local populations, who are themselves not well off.

23. According to the Ministry of Social Affairs, more than 80 per cent of Azeri pensioners live below the poverty line. The government estimate of an average consumer monthly budget for necessities in September was 3,400 roubles, while the minimum wage/pension, as noted above, is 1,500 roubles per month. The average salary of medium cadres is 2,000 to 3,000 roubles per month. Many breadwinners work at several jobs to make ends meet. The unemployed receive an extra 210 roubles for each child and an 80 roubles per month bread allowance. The social security system itself is in deficit, supported by credits from the National Bank, which in turn has difficulties because it is dependent on roubles.

24. Azerbaijan's economy has declined steadily and inflation has soared just as steadily since independence. The country's gross national product (GNP) is down by 30 per cent over last year's. The production of basic consumer goods and food decreased during the first nine months of 1992 by one third and one quarter, respectively, compared to 1991. The government-fixed prices for a "basket" of basic items has to be adjusted every few months. Average wages also tripled in 1992, but have not kept up with price increases. On 4 December 1992, for example, the fixed price of bread jumped from 8 roubles per kilo to 28 roubles per kilo overnight, and sugar, butter, cooking oil, petrol and other goods increased proportionately. Meat, fish, fruits and vegetables are plentiful on the free market, but prices are much higher. Imported infant formula sufficient for one week costs 200 roubles.

25. New minimum wage, pension and family benefit levels are expected in 1993, to be financed from a fund currently estimated at under 70 billion roubles that is fed by a levy on enterprises and agricultural cooperatives.

26. There are some 35,000 handicapped persons, over 13,000 of whom are under 16 years of age. Facilities are inadequate, and some 12,000 of these handicapped children are kept at home. Two institutions with a total of 605 beds, one home for the very young and one specialized high school for the handicapped are financed by the State from a budget of 2.5 million roubles per year. But according to the Ministry of Social Affairs, the cost of running one institution boarding 100 children was 1 million roubles for December 1992 alone. Two years ago, the budget for this institution was 400,000 roubles for the whole year. Médecins sans frontières (Belgium) is helping to maintain one of these institutions.

Education: a national priority

27. Education from nursery school through university is free for Azeris, and total enrolment in 1990 stood at 1.2 million. Education is compulsory for the eight years of primary school and junior secondary school. There are 4,326 primary schools in the Republic, serving a primary-school-age population of 545,000. A total of 150,000 children are enrolled in 2,200 nursery schools and kindergartens, or 10 per cent of rural and 40 per cent of urban children in that age group. Education takes 18 per cent of the national budget, second only to defence. The Ministry of Education claims that 100 per cent of the relevant age groups attend the 11 years of primary, junior secondary and full secondary or technical schooling. About 100,000 students attend higher-level institutions. The Red Crescent Society and the Ministry of Education give 20 hours of health education per year in each primary school.

28. An innovative rural day-care and preschool system operates in some rural areas, where small groups of children whose mothers are at work in the cotton fields or farms are taken care of in the home of a neighbouring mother. Some 22,000 children between one to six years of age are cared for in this way. School meals are provided up to the university level. On average, parents paid 8 roubles for a breakfast and 18 for a lunch for each child (as of November 1992).

29. For most of its existence as a Soviet republic, education in Azerbaijan was given in the Russian language. Now the system is attempting to shift to the

Azeri language, which presents problems for teachers trained to instruct in Russian. There is a shortage of pedagogical material in Azeri, compounding the lack of paper and textbooks, previously supplied from Russia. Toys for kindergartens are in very short supply. Teachers' salaries are 3,150 roubles per month, but are expected to double in 1993 in the race against inflation.

30. Educational opportunities for refugees who have settled since 1988/1989 in cities and towns are equal to those of ordinary families. Children of the recently arrived displaced persons, however, have a much harder time. Their education has been interrupted for months on end and many have been psychologically traumatized by their experiences. The authorities are concerned about this psychological damage, but have no facilities or experts for dealing with it. Often children of displaced persons are poorly clothed, live in squatter camps some distance from schools and must share books when there are not enough even for the regular students of their schools.

31. According to the Ministry of Education, about 300 educational facilities have been destroyed in and near Nagorno-Karabakh.

The position of women

32. In this Islamic society, women defer to men, possibly even more since independence than under the Soviet system. There are few women's organizations or organizations dedicated to promoting the welfare of women. Field work in agriculture is traditionally a job for women. One half of the workforce on cooperative farms are women, and a little under one half are in commerce and industry. Three quarters of all mothers work outside the home, a statistic that is related to the estimate that at least 40 per cent are unable to breast-feed. The fertility rate is 2.8 children per woman of child-bearing age. Yet Azerbaijan reportedly has the lowest ratio of obstetricians and gynaecologists per capita in the former Soviet Union - 2 per 10,000 women. Women have little access to information about birth spacing and contraception. Abortion is the most common way to limit family size.

33. Women who work in the cotton, tobacco and other cash crop agricultural collectives are exposed to high levels of toxic chemicals from pesticide spraying. Air and water pollution around industrial Baku and Sumgait are exceptionally high. Cybernetics Institute of the Ministry of Health in Baku is collecting information for a computerized database relating exposure to toxic chemicals to maternal and child health (MCH). The highest rates of child deaths are in areas of high pesticide use.

Emergency relief needs

34. A UNICEF mission to Azerbaijan in December 1992 confirmed that the country urgently needed winter relief supplies for the vulnerable groups, particularly refugee children, displaced children and mothers. It was estimated that 42,000 Azeri children under the age of 5 years and 57,000 children from 6 to 15 years of age are in critical condition. These children are accompanied by 46,000 mothers, who live without any substantial means for their own subsistence. Many of them are accommodated in community buildings, train cars, tents and shelters dug underground. Most of them have insufficient clothing, suffer from the cold and receive less than the daily needed food ration. Vaccines, basic drugs and

medical supplies are required urgently to protect them from worsening health conditions, provoking ARI, diarrhoea and communicable diseases. High-protein food, vitamins and infant formula are needed to feed children and strengthen their resistance during the winter months.

35. Discussions were held with the State Humanitarian Aid Commission under the Vice Prime Minister and the Refugee Commission, which confirm the above needs and their readiness to distribute relief supplies through their respective networks.

Recommended programme cooperation, 1993-1994

Estimated expenditure

(In thousands of United States dollars)

	General resources	Supplementary funds	Total
Emergency maternal and child health	1 100	800	1 900
Health and nutrition	400	700	1 100
Education	100	400	500
Research, monitoring and evaluation	150	100	250
Programme support	250	-	250
Total	2 000	2 000	4 000

36. The programme activities and the associated allocation of funds are aimed at helping to address the priority problems of children, both immediate and long-term, as identified by a UNICEF mission to Azerbaijan in December 1992. The proposed programme has four main goals:

(a) To provide timely relief to vulnerable groups facing difficult circumstances as refugees, displaced persons or the especially disadvantaged in a time of economic and political transition made worse by conflict;

(b) To build on existing achievements in health, education and social welfare/training of human resources, and to prevent any deterioration in child survival levels;

(c) To help the Government to improve and to create lasting structures to provide protection for children and women, with particular attention to high-risk groups;

(d) To promote and support the preparation of a national programme of action (NPA) to guide future child survival and development programmes.

37. The immediate objective will be to reach the most needy children and their families among the approximately 500,000 Azeri refugees and displaced persons who are victims of the Nagorno-Karabakh conflict. During the winter of 1992-1993, thousands are being exposed to bitter weather without adequate food, medicines, clothing and shelter. Where such populations on the move are brought together, the danger of epidemics is always present and must be dealt with by immunization.

38. Special attention will be given to priority health problems identified by UNICEF missions to the country. These include providing the necessary supplies and monitoring methods for an expanded programme on immunization able to reach World Health Organization (WHO)-established targets for Europe. The eradication of polio and the control of diphtheria will have a high priority in view of the resurgence of these diseases in 1990. Much the same steps will be taken to upgrade the government approach to the control of diarrhoeal diseases (CDD) and ARI, the two most prevalent health problems of children. Preliminary evidence also points to the need to improve prenatal and perinatal care of mothers, and to promote breast-feeding where it has fallen to low levels. The pockets of iron deficiency goitre and anaemia must be investigated and appropriate remedies undertaken.

39. In the course of the proposed two-year programme, medium- and long-range goals will be pursued to strengthen the Government's technical capacity and managerial ability to develop and maintain services for children and women. The fact that the new Republic is fundamentally reorganizing all of its structures makes UNICEF assistance timely and complementary to government objectives.

The strategy

40. For the emergency phase, the strategy will be to employ selective airfreight delivery of relief supplies and drugs and collaboration with government, United Nations and non-governmental partners, local and foreign, for distribution to crisis areas. The rapid delivery of the assistance discussed with the Government is essential, not only to ensure the survival and relieve the suffering of approximately 40,000 children, but also to establish the reputation and credibility of UNICEF at the outset.

41. The build-up of depleted health and education resources in terms of the supply of materials and the upgrading of technical and managerial skills will begin at the same time and will extend over the duration of the programme in collaboration with appropriate partners. These are necessary steps to provide the foundation for specific projects, as well as to help national managers assume responsibilities often left to Moscow under the Soviet system.

42. Surveys must be undertaken to check the reliability of existing statistics systems. Seminars and public information and education programmes will introduce the principles of the Convention on the Rights of the Child and the goals of the World Summit for Children to the population at all levels, as the precursors of an eventual NPA. Such surveys and a mid-term review will also serve to measure the extent of coverage and impact that is being achieved by the

programme, and to permit the injection of new ideas and course corrections. The surveys will be carried out as a joint exercise with local counterparts, thus contributing to their training. By giving counterparts practical experience in new techniques and opportunities to see more of the conditions in their country, decisions they may take as a result will have greater force than those simply recommended by external advisers.

Planned activities for child survival and development

43. Initial phase. For the initial phase of urgent needs, infant formula and weaning food for toddlers, warm clothing and shoes and some shelter materials are recommended to get the most distressed families through the winter and combat the expected rise in ARI.

44. At the same time, immunization must be carried out and stocks of vaccines and syringes will be supplied. Shipments of basic drugs and essential medical supplies will replenish the depleted central pharmacies serving polyclinics and hospitals that deliver MCH care in emergency areas. Support will also be provided to monitor the health and nutritional status of displaced and refugee children. The initial phase will also serve as an entry point for the programme activities detailed below.

45. Situation analysis. To get at the root causes of the most pressing health problems, a number of surveys are recommended. For example, the state of water and food control practices must be investigated to determine the reasons for the prevalent salmonella and shigella sources of diarrhoea. The polio outbreak will be studied in detail to see what the cases may have had in common as a step towards mobilizing the most effective eradication programme. The isolated areas where iodine deficiency has been found will be studied to determine the probable causes and most appropriate remedies. All data collection and analysis practices in Azerbaijan will be reviewed as a check on the existing statistics for infant and maternal mortality and morbidity. Where weak, these systems will be strengthened. The same sort of reviews are needed for other social statistics in order to improve programming, to clarify anomalies and to identify possible regional disparities often concealed in national averages. To this end, some training in data collection and analysis in Azerbaijan and possibly abroad may be foreseen. Improving the statistical evidence for perceived problems will permit the fine-tuning of projects during the course of the programme.

46. Training will be important in the medium- and long-term phases of the 1993-1994 programme. Training will focus both on upgrading technical knowledge and skills and on managerial capacities. Knowledge, attitude and practice surveys will reveal the child-rearing practices of rural and urban mothers and those who are their closest health providers.

47. Immunization. The emphasis will be on sustaining high vaccination coverage at over 90 per cent, with special efforts being made to ensure the full immunization of children affected by the emergency, who frequently live in conditions conducive to the spread of epidemics. Support will also be provided for the strengthening of epidemiological surveillance, as well as for a review of policies and strategies relating to polio eradication and the control of measles and diphtheria. An investigation of cold-chain needs and sterilization

practices will also be supported. In all these activities, close collaboration will be maintained with WHO.

48. ARI. Again in cooperation with WHO, technical support will be provided for the review and adjustment of guidelines on ARI case management, as well as the elaboration of a comprehensive programme to address the problem. Since the Ministry of Health presently can meet only approximately 20 to 25 per cent of essential drug needs, antibiotics and anti-asthmatic drugs will be provided for the treatment of the main respiratory disorders.

49. CDD. Support will be provided to ensure the widespread availability of oral rehydration salts, especially in areas where refugees and displaced persons are evacuated. The Ministry of Health will be assisted with the design of a cost-effective and efficient strategy for the control of salmonella and shigella infections, which have shown an increase of 17 per cent between 1990 and 1991 in children 0 to 14 years of age.

50. Breast-feeding. Surveys will be carried out to determine breast-feeding practices in hospitals and maternities, as well as the factors which have led to reduced breast-feeding in general. Support will be provided to the Ministry of Health to elaborate a policy and plan of action to restore previous levels of breast-feeding among women.

51. Safe motherhood. The focus will be on replacing abortions as the main form of family planning by modern contraceptive methods. In this regard, close collaboration will be maintained with the United Nations Population Fund. UNICEF input will be in the form of education and information for behavioural change.

52. Essential drugs. Essential drugs will be provided as a direct support to other project areas, namely ARI, CDD and safe motherhood, where the Government can presently only meet 25 per cent of requirements. At the same time, UNICEF will collaborate in the development of a revised essential drug list for Azerbaijan.

53. IDD. UNICEF will support investigations into the magnitude of IDD, as well as appropriate measures such as the distribution of iodized salt to endemic areas. The development of an action plan for the elimination of IDD will also be supported.

54. Water supply and environmental sanitation. Assistance will be provided for the testing of suspect water supplies, especially in areas with concentrations of refugees and displaced persons.

55. Post-traumatic stress syndrome. A large number of displaced and refugee children have been traumatized by their experiences in conflict zones, their sudden dislocation or other factors such as poor living conditions combined with freezing temperatures. The Ministry of Education will be assisted through training and consultation with experts to mount a programme to identify and treat children who have been psychologically traumatized in this way.

56. Health education. Assistance will be offered to the Azerbaijan Red Crescent Society's health education programme in schools, and to the Health

Education Unit of the Ministry of Health and its Department of Occupational and Environmental Hygiene for expanding its database linking pesticides, fertilizers and other toxic chemicals to which women and children are exposed with birth defects, respiratory diseases and other health problems. Azeri translations of Facts for Life and the Convention on the Rights of the Child will be commissioned.

57. Preschool and primary education. Most families are forced to leave practically all their possessions behind when fleeing areas of conflict. For young children, this includes school materials and toys. The Government is attempting partial replacement, but due to a lack of resources, there is a considerable shortfall. UNICEF will therefore help to provide essential learning and teaching materials to enable the continuation of preschool activities and primary school tuition for 60,000 affected children.

58. Monitoring and evaluation. Programme monitoring will be carried out primarily by UNICEF staff assigned to the Office of the United Nations Coordinator in Baku. An annual programme review will be instituted, together with participating governmental organizations, NGOs, United Nations agencies and other partners, as appropriate. Regular field visits will be undertaken by staff to monitor progress towards programme objectives. Strategic alliances will be developed with bodies such as the Red Cross, whose field personnel are in a position to provide relevant information on programme performance. An evaluation will be carried out towards the end of 1994 for purposes of evaluating overall programme effectiveness and identifying lessons which can be applied in the next period of cooperation with Azerbaijan.

Consultations with the donor community

59. After independence, several donors and aid organizations made contact with the Government of Azerbaijan. Consequently, assistance has been provided by the Governments of the Islamic Republic of Iran and Turkey and by CARE (under contract with the United States Department of Defense for "Project Hope"), ICRC and Médecins sans frontières. Médecins sans frontières is channelling food aid from the European Community and medical aid to refugees, displaced persons and handicapped children. The Lutheran Church of Germany had previously provided limited programme cooperation during 1991/1992. United Nations agencies, in particular, UNHCR, the United Nations Development Programme and WHO, sent assessment missions to Baku, and UNICEF consulted with their delegations either at the headquarters level or in the field. UNHCR is now represented in Azerbaijan, where an emergency relief programme is under way. UNICEF will maintain close coordination with the Office of the United Nations Coordinator, who arrived in mid-1992, and other United Nations agencies. Every effort will be made to support the development of a United Nations country strategy, within which the main elements of the overall programme will be set.

Organizational and administrative structure

60. The UNICEF presence in Azerbaijan will consist of one international Professional, two national officers, one administrative and finance assistant, two secretaries and one driver. They will be located in the Office of the United Nations Coordinator. Close cooperation will be maintained to ensure an integrated approach and presence.

61. During the two-year bridging operation, consultation with other United Nations agencies and donors will ensure close cooperation, avoidance of overlapping and complementarity of programme elements.

62. UNICEF assistance will initially be channelled through the Government's Humanitarian Aid Commission, which works under the Vice Prime Minister of the Republic. Other networks, such as the Azerbaijan Red Crescent Societies and the Refugee Commission, will be further explored as channels for future aid distribution.

63. It is expected that once UNICEF has signed a basic agreement of cooperation with the Government of Azerbaijan, all procedures and channels for implementation that are of a limited temporary nature will be regularized. This would also set the stage for the preparation of a new and longer programme cycle of cooperation, which may require the strengthening of staff. The present staff costs for Baku will be charged to programme funds.